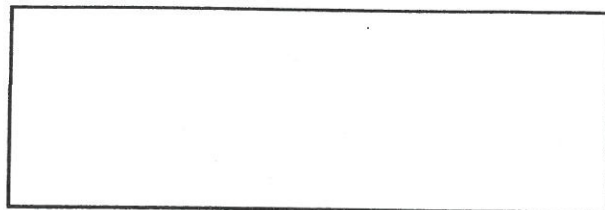


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**APPLICATION FOR SPECIAL  
DESIGNATED LICENSE**  
CITY OF LINCOLN CITY CLERK'S OFFICE  
555 S 10<sup>TH</sup> ST  
LINCOLN NE 68508  
PHONE: (402) 441-7438



**DO YOU NEED POSTERS?**

YES ☐

NO ☐

**RETAIL LICENSE HOLDER** ☒

**NON PROFIT APPLICANT** ☐

Non Profit Status (check one that best applies):

Municipal ☐ Political ☐ Fine Arts ☐ Fraternal ☐ Religious ☐ Charitable ☐ Public Service ☐

FILED  
CITY CLERK'S OFFICE  
CITY OF LINCOLN  
NEBRASKA  
JUL 8 AM 10:40

**COMPLETE ALL QUESTIONS**

1. Beer ☒ Wine ☒ Distilled Spirits ☒

2. Liquor license number and class (i.e. C55441, CK55441)  
(If you're a nonprofit organization leave blank)

F 104564

E 104565

3. Licensee name (last, first,), corporate name or limited liability company (LLC) name (As it reads on your liquor license)

<b>NAME:</b>	BAR AT THE YARD dba LONGWELL'S		
<b>ADDRESS:</b>	350 CANOPY STREET, SUITE 100		
<b>CITY:</b>	Lincoln	<b>ZIP:</b>	68508

4. Location where event will be held; name, address, city, county, zip code

<b>BUILDING NAME:</b>	The Bailyard		
<b>ADDRESS:</b>	300/350 Canopy St.	<b>CITY:</b>	Lincoln
<b>ZIP:</b>	68508	<b>COUNTY &amp; COUNTY #:</b>	Lancaster, 2

a. Is this location within the city/village limits?

YES ☒ NO ☐

b. Is this location within the 150' of church, school, hospital or home for aged/indigent or for veterans and/or wives?

YES ☐ NO ☒

c. Is this location within 300' of any university or college campus

YES ☐ NO ☒

5. Date(s) and Time(s) of event (no more than six (6) **consecutive** days on one application)

Date <u>6/9/14</u>	Date _____	Date _____	Date _____	Date _____	Date _____
Hours From <u>5pm</u>	Hours From _____	Hours From _____	Hours From _____	Hours From _____	Hours From _____
To <u>11:59 pm</u>	To _____	To _____	To _____	To _____	To _____

- a. Alternate date: N/A
- b. Alternate location: N/A  
(Alternate date or location must be specified in local approval)

6. Indicate type of activity to be carried on during event:  
☐ Dance    ☐ Reception    ☐ Fund Raiser    ☒ Beer Garden    ☐ Sampling/Tasting  
 Other: \_\_\_\_\_

7. Description of area to be licensed  
 Inside building, dimensions of area to be covered **IN FEET** \_\_\_\_\_ x \_\_\_\_\_  
N/A (not square feet or acres)

\*Outdoor area dimensions of area to be covered **IN FEET** \_\_\_\_\_ x \_\_\_\_\_

\***SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)**

See attached

If outdoor area, how will premises be enclosed?  
☒ fence    \_\_\_\_\_ snow fence    \_\_\_\_\_ chain link    \_\_\_\_\_ cattle panel    \_\_\_\_\_ tent  
 other: \_\_\_\_\_

8. How many attendees do you expect at event? 2,000

9. If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed) See attached

10. Will premises to be covered by license comply with all Nebraska sanitation laws? YES ☒ NO ☐  
 a. Are there separate toilets for both men and women? YES ☒ NO ☐

11. Retailer: Will you be purchasing your alcohol from a wholesaler? YES ☐ NO ☐  
Non-Profit: Where will you be purchasing your alcohol?  
Wholesaler \_\_\_\_\_ Retailer \_\_\_\_\_ Both \_\_\_\_\_ BYO \_\_\_\_\_  
(includes wineries)

12. Will there be any games of chance operating during the event? YES ☒ NO ☐  
If so, describe activity: See attached

**NOTE:** Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations or any events raising funds for a charity. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.

13. Any other information or requests for exemptions (**must** be received by Commission 30 days prior to event, complete NLCC form 140): Noise variance  
Fencing waiver

14. Name and **telephone number/cell phone number** of immediate **supervisor**. This person will be at the location of the event when it occurs, able to answer any questions from Commission and/or law enforcement before and during the event, and who will be responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. **PLEASE PRINT LEGIBLY**

Print name of Event Supervisor: Tessa Warner

Signature of Event Supervisor: Tessa Warner

Event Supervisor phone: Before (402) 499-0115 During (402) 499-0115

Email address: tessa@nrkllc.com

Consent of Authorized Representative/Applicant

15. I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons directly responsible to the holder of this Special Designated License.

sign  
here

Kevin S Drought  
Authorized Representative/Applicant

Operating Partner  
Title

06/30/2014  
Date

Print Name

This individual must be listed on the application as an officer or stockholder unless a letter has been filed appointing an individual as the catering manager allowing them to sign all SDL applications.

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

# SUPPLEMENTAL FORM

## REQUIRED FOR ALL OUTDOOR EVENTS

(Including those for Non Profit Organizations)

Name of Event:	<u>Bailyard Birthday Bash</u>		
Applicant and Sponsoring Organization or Individual (if applicable):			
Date(s) of Event:	<u>August 9th, 2014</u>	Hours:	<u>5-Midnight</u>
Alternate Date(s):	<u>N/A</u>	Hours:	<u>P.m.</u>

Is the event open to the public?      X   Yes           No

How will you ensure that minors will not be served or consume beverages containing alcohol: \_\_\_\_\_

See attached plan

Will food be served?   X   Yes           No    If yes, please list food to be served: \_\_\_\_\_

See attached menu

Will non-alcoholic beverages be served:   X   Yes           No

If yes, please list non-alcoholic beverages to be served: \_\_\_\_\_

Please see attached menu

Who will serve the beverages containing alcohol? See ATTACHMENT

**Must complete Server/Seller Applicant Information Sheet.**

Have the designated servers received responsible beverage server training?      X   Yes           No

Will there be a charge for admission?      X   Yes           No

In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee?           Yes      X   No    If so, explain: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

## SITE PLAN INFORMATION REQUIRED FOR ALL OUTDOOR EVENTS

Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

1. Number of Entry & Exit Points & Dimensions: (\_\_\_\_\_ ' x \_\_\_\_\_')
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used (\_\_\_\_\_ x \_\_\_\_\_)
4. Location & type of cooking equipment (if used)
5. Location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing.
6. Height & type of fencing to be used.

**Note: Two (2) exit points must be indicated on your drawing. These exits cannot lead patrons into the building. Questions relating to entry/exit points; electrical wiring; tent sizes can be directed to: Chuck Schweitzer, Fire Prevention Bureau: (402) 441-6441.**

*Please see attachments*

ATTACH EXTRA PAGES IF NECESSARY



You must provide the **NAME** and **DATE OF BIRTH** of **ALL** Employees/Volunteers who will sell or dispense alcoholic beverages at your event.  
**This applies to nonprofit corporations as well.**

[illegible]

AARIEUR COONEY	07-18-1993
ALYSSA HAMMAN	08-02-1989
AMERICA MYERS	01-07-1988
ANDREA BILAK	10-13-1992
AUSTIN DIXON	07-27-1990
BEN STOKKE	03-03-1989
BRANDON ELL	02-13-1992
BRIANNA JUNGERS	06-14-1991
BROOK O'NEIL	12-13-1992
CHRISTEA PETERSEN	12-12-1989
DANIELA BAKER	03-15-1993
DUSTIN GARRET	03-05-1990
EMMA CONNELLEY	03-29-1994
ERIC GOSNELL	02-19-1989
GABRIEL DEARD	11-08-1993
HARRY BANSER	05-07-1992
JACQUELINE JENSEN	12-30-1980
JAMIE HUBER	05-27-1992
JESSE MUNKEN	02-18-1993
JORRY BABIN	03-01-1974
JORDAN KUGLER	08-01-1992
KAREN LAMPKA	05-26-1993
KLARA AUSTON	05-07-1991
KRISTIN TORRES	06-06-1990
LAUREN CARLSEN	09-30-1989
LAUREN ROBE	04-16-1993
LUCAS MAIER	07-02-1986

MARCO ROUFF	07 - 28 - 1993
MARSHEN LEWIS	05 - 30 - 1992
MELAN OVELHANDT	04 - 07 - 1992
MELHAN GABESKOWIAK	12 - 02 - 1983
MELHAN HARRIMAN	02 - 16 - 1994
MICHAEL MYERS	11 - 08 - 1994
MOMI MINER	06 - 12 - 1993
MOLLY WATKINS	07 - 25 - 1989
MORGAN SCHROEDER	04 - 12 - 1995
MORGAN SEXTON	03 - 21 - 1994
• NICHOLAS HERMSEN	07 - 2 - 1993
NICHOLAS RAIMONDI	02 - 04 - 1992
NICHOLE RAYES	07 - 24 - 1992
RACHEL MACOMELER	11 - 14 - 1994
RYAN FORNEY	02 - 14 - 1984
SARA SIMONSEN	03 - 15 - 1986
SAVANNA CARMAN	08 - 01 - 1985
SEAN ROBERTS	04 - 30 - 1993
SETH SYNOVER	12 - 04 - 1992
SYDNEY SCHROEDER	02 - 01 - 1993
TAYLOR WID	07 - 07 - 1991
• TYLER ANDERSON	08 - 25 - 1991
TYLER COOPER	02 - 21 - 1990

Please Note: for the duration of the 15 4-2-1994-523

No EMPLOYER OR DISTRIBUTION



**Better Together.**  
**The Railyard Birthday Bash**  
**August 9<sup>th</sup>, 2014**  
**5 p.m. to Midnight**

The Railyard is celebrating its first birthday on August 9<sup>th</sup> from 5 p.m. (gates open) to midnight (live entertainment ends). The birthday party is a celebration of our relationship with the Lincoln community, as well as our community partners. In order to make room for all the party guests, Canopy Street will be shut down and patrons will be able to take full advantage of the entertainment district.

The party will kick off with a D.J. at 5 p.m. and we will have special messages from community leaders at 7 p.m. After the speakers, the "Crash The Railyard" public WiFi launch with SecurComm will start. MoSynth will take the stage at 8 p.m., and they will be playing all your favorite hits mixed in with a visual show that is sure to add energy and excitement to the night.

Throughout the event there will be giveaways (\$1 per ticket to enter, collected by volunteers) for everything from reserved tables in the Railyard commons space during Husker games to gift cards.

There will not be a cover, and at 11 p.m. the Railyard is a 21+ entertainment district. Volunteers will be managing the raffles.

**Prevention of Underage Drinking:**

- Two hours prior to the event the Railyard commons area will be cleared and patrons will be asked to re-enter and receive a wristband.
- Security provided by Frye, Frazey & Associates will check IDs and administer wristbands to 21+ patrons.
- We will be using a universal Railyard wristband to 21+ patrons.
- The Railyard will be a 21+ venue at 11 p.m. as enforced by Frye, Frazey & Associates, and no minors will be admitted after 11 p.m.
- Railyard tenants must staff one person at each entrance to check IDs and ensure all 21+ patrons receive a wristband.
- Railyard tenants must staff one person at each exit into the Railyard to ensure patrons do not leave the premise of the business with a beverage unless it is in a plastic cup.

- Security personnel and ambassadors from Frye, Frazey & Associates will roam the premise to ensure all alcohol is consumed legally and responsibly.

Event Promotion:

- Social media (Facebook, Twitter, Instagram)
- Print media coverage (Lincoln Journal Star, etc.)
- Radio coverage (interviews and on-air mentions of the event)
- Local calendars
- Promotion through our event partners
- Printed posters
- Cube advertisements

REQUEST FOR EXEMPTION FOR WAIVER OF DOUBLE FENCING RULE

(MUST BE SENT WITH APPLICATION A MINIMUM OF 30 DAYS PRIOR TO THE DATE OF THE EVENT)

WHY DOUBLE FENCING IS NOT AVAILABLE Permanent fencing is available and temporary fencing has been purchased.

TYPE OF FENCING TO BE USED See attachments

HEIGHT OF FENCING TO BE USED See attachments

HOW AREA WILL BE PATROLLED LPD & Private Security

EXPECTED NUMBER OF ATTENDEES 2,000

DIAGRAM OF PROPOSED AREA:

See attachments

Technical drawing of a rectangular enclosure, showing front and side elevations with dimensions and material specifications.

**Front Elevation (Top View):**

- Overall width: 4'-0"
- Overall height: 4'-0"
- Material: GALVANIZED 1/2" SQUARE PICKETS @ 4 1/2" O.C. (4" MAX. CLEAR)
- Top edge: GALVANIZED STEEL CHANNEL (C4 X 5.4) w/ WEEP HOLES
- Bottom edge: GALVANIZED STEEL CHANNEL (C4 X 5.4) w/ WEEP HOLES
- Verticals: 3/4" GALV. STEEL VERTICALS @ 4'-0" O.C. MAX SPACING, ALIGN W/ WIDTH OF 'C' CHANNEL
- Horizontals: CONTINUOUS WELD @ SQUARE PICKETS, GALV. STEEL CHANNEL, AND VERTICALS
- Corner: 1 1/2" DIAMETER GALV. STEEL TUBE BEND
- Dimensions: 3'-4" (top), 2'-5" (top), 1 1/2" (top), 4" (top), 4" (top), 4" (top)

**Side Elevation (Left View):**

- Overall width: 3'-0"
- Overall height: 2'-9"
- Material: GALVANIZED 1/2" SQUARE PICKETS @ 4 1/2" O.C. (4" MAX. CLEAR)
- Top edge: GALVANIZED STEEL CHANNEL (C4 X 5.4) w/ WEEP HOLES
- Bottom edge: GALVANIZED STEEL CHANNEL (C4 X 5.4) w/ WEEP HOLES
- Verticals: 3/4" GALV. STEEL VERTICALS @ 4'-0" O.C. MAX SPACING, ALIGN W/ WIDTH OF 'C' CHANNEL
- Horizontals: CONTINUOUS WELD @ SQUARE PICKETS, GALV. STEEL CHANNEL, AND VERTICALS
- Corner: 1 1/2" DIAMETER GALV. STEEL TUBE BEND
- Dimensions: 1 1/2" (top), 2'-5" (top), 4" (top), 4" (top), 4" (top)

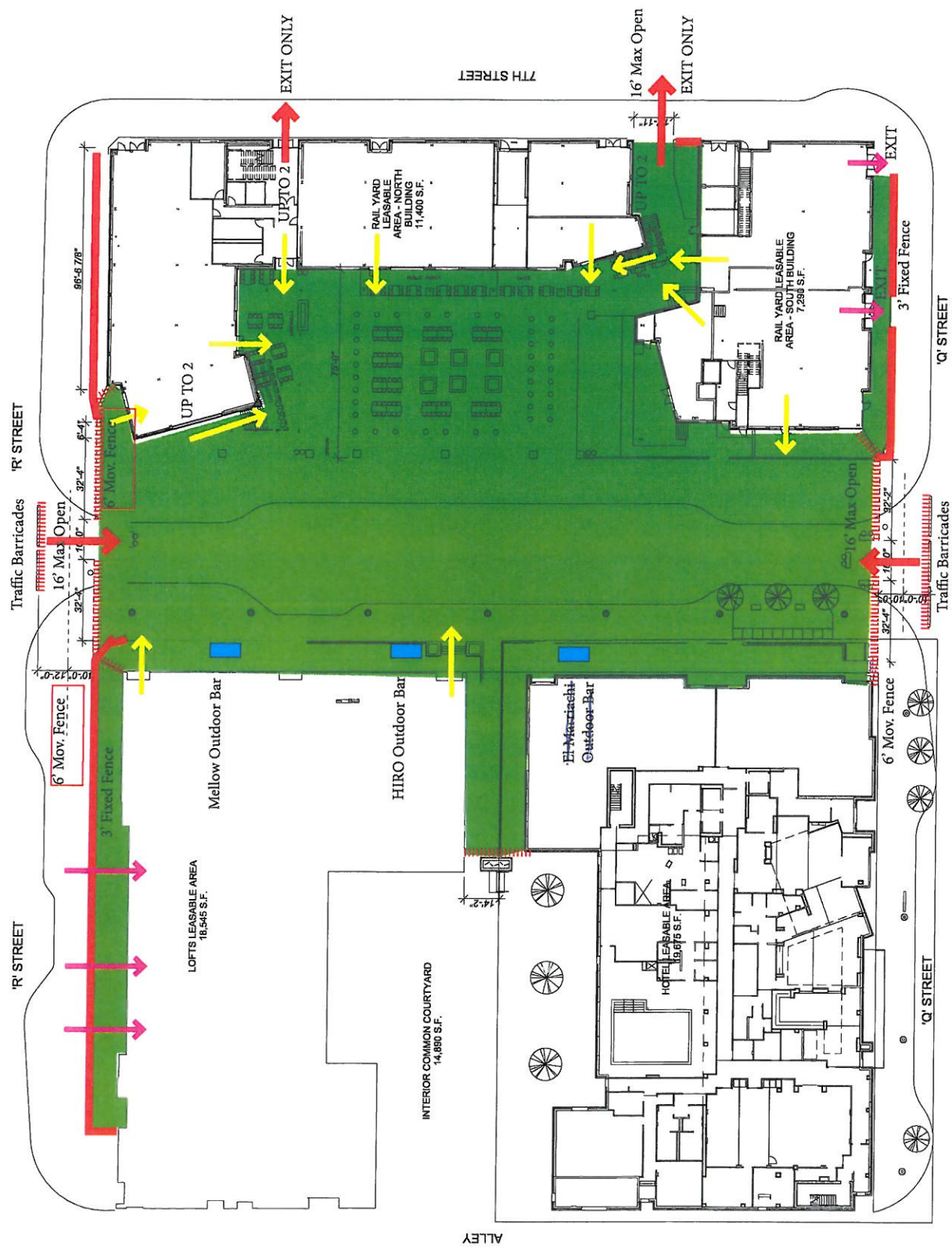
$$\underline{1/2" = 1'-0"}$$

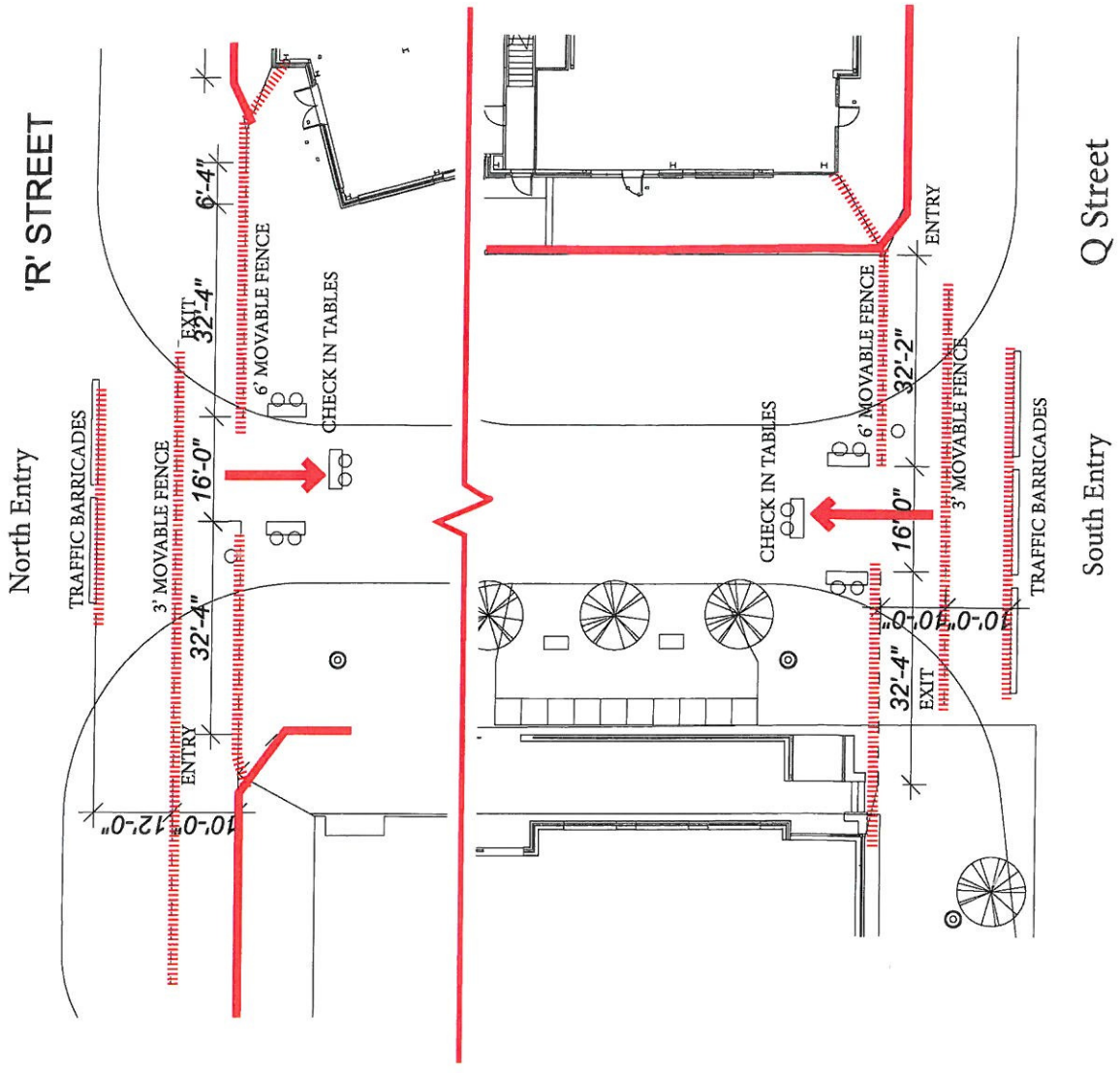
720 O' Street, Lot F  
Lincoln, NE 68508  
P 402 477 2404  
F 402 477 2388  
www.EncompassArch.com

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Issue Date: 05/22/13

# ENTERTAINMENT DISTRICT APPLICATION









Lincoln-Lancaster County Health Department  
Environmental Public Health Division – Air Quality Program  
3140 N Street, Lincoln, NE 68510

## APPLICATION FOR INITIAL NOISE VARIANCE – SPECIAL EVENT

This application is in accordance with Lincoln Municipal Code ch. 8.24 – Noise Control Ordinance. Section 8.24.150 grants the LLCHD authority to grant an initial variance from the Section 8.24.090 of the Noise Control Ordinance for a period not to exceed 15 days. Any person seeking an extension of the variance shall file an application with the LLCHD. The decision to grant or deny an application for a noise variance shall be based on the factors contained within Section 8.24.150 paragraph (c). Please provide the following information.

Applicant Name: Railyard Entertainment, LLC Phone #: (402) 477-6767  
Applicant Address: 300/350 Canopy St Lincoln NE 68508  
Street City State ZIP Code

Is this event planned to take place within the University of Nebraska-Lincoln campuses? ☐ Yes ☒ No

Provide the physical address, or a description (including nearby/adjacent streets) of the site:

300-350 Canopy St (btwn Q&R); The Railyard  
Entertainment District

Please describe the event or activity for which you are seeking a variance:

See attachment

Date(s) for which a variance is being sought: 8/9/14 to 8/9/14

Hours of day/night for which variances is being sought: 5:00 to 12:00  
(am or pm) (am or pm)

### PERMIT CONDITIONS

1. All reasonable efforts will be made to keep unnecessary noise to a minimum during the period of time stated by the applicant.
2. Amplification levels of all loudspeakers and amplification devices will be kept at a reasonable level.
3. Additional special conditions:

\*\*\*\*\*Failure to meet the above listed conditions voids this permit\*\*\*\*\*  
and subjects permittee to other provisions of law.

### Applicant Certification

I certify that, based on knowledge and belief formed after reasonable inquiry, the statements and information contained in this application is true, accurate, and complete.

[Signature]  
Applicant Signature

07.08.14  
Date

### Enclosures

In accordance with LMC Section 8.24.150 paragraph (a), a permit fee of \$100.00 is due with any noise variance application.

Please be sure to include payment with this application.

### Electronic Funds Transfer Notification

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution.